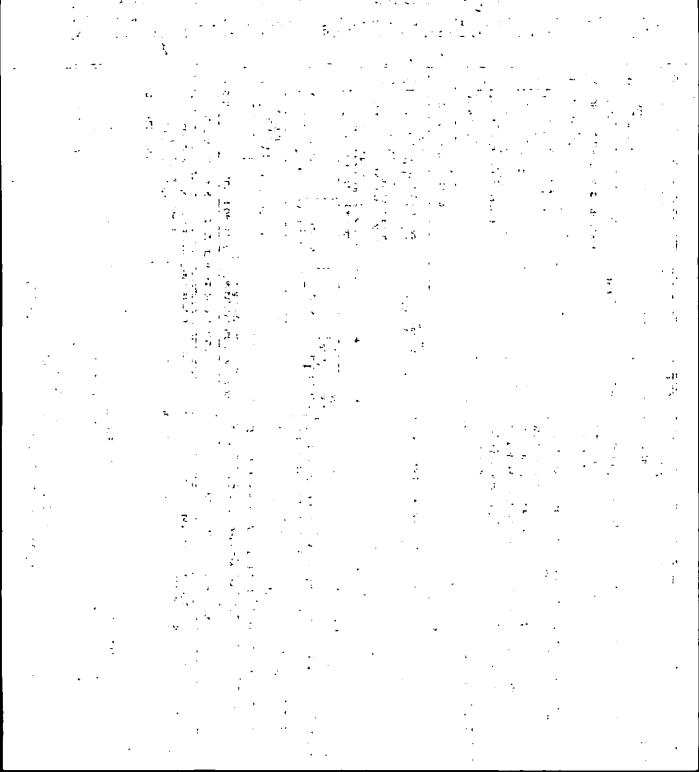
MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 24886 PHYSICIANS should 1. PLACE OF DEATH County Registration District No...... 1002 Primary Revistration District No. Registered No. (a) Residence, No.. (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred How long in U. S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS 3. SEX SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Death is said 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE MONTHS Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at 11. Total time (years)
spent in this this occupation (month and occupation..... year) 12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 16. BIRTHPLACE (CITY OR TOW (STATE OR COUNTRY) Specify whether injury occurre 17. INFORMANT (ADDRESS) Nature of injury... If so, specify 19. UNDERTAKER (ADDRESS) (Signed) (Address) Registrar.



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DEPARTMENT OF COMMERCÉ

BUREAU OF THE CENSUS

WASHINGTON

It is essential that death certificates be complete in every particular in or-

E. T. McGaugh, M. D., Special Agent, Jefferson City, Mo.

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Reg. Dist. No. 399

Primary Reg. Dist. No. 1002

der that proper classification may be made. You are therefore requested to make
every effort to obtain the following information, indicated by check marks, lacking
from the death certificate.
Para Para
Name: Ralph Richardson
Who died at K.C. General Horpt. on 1-26-1934
Residence: NoSt(If nonresident, city or town)
(If nonresident, city or town)
Length of residence in city or
town where death occurred: Years Months Days
Sex Color or race Single, married, widowed or divorced:
Date of birth Age: Years 35 Months 1/ Days 12
Occupation: (a) Trade, profession, or (b) Industry or business in which
particular kind of work done, as spinner, work was done, as silk mill,
sawyer, bookkeeper, etc. saw mill, bank, etc
Date deceased last worked at this occupation: MonthYear
Birthplace (State or country)
Birthplace of father (State or country)
Birthplace of mother (State or country)
Birthplace of mother (State or country) Principal cause of death: fullomobile-trausmatains
Collision of lever trucks and the men while the
Other contributory cluses of Amportance bate of was there an autopsy? If death was due to external causes (violence) fill in also the following:
Name of operation
What test confirmed diagnosis? Was there an autopsy?
Accident, suicide, or homicide?
Where did injury occur?(Specify city or town, county and State)
(Specify city of town, county and beatty)
a the testing accumed in industry in home or in public place.
Specify whether injury occurred in industry, in home, or in public place.
Name of A decisions
Manner of injury
Nature of injury
Name of physician Dr. & G. Lettel durelly Caroner
nowo or physical programmer and the physical phy
Signature of Registrar (M M Chave out) Date filed 1/2/34 This information is sought for statistical purposes only and in order that the
This information is sought for statistical purposes only and in older that the
official report may be complete and correct. Please reply promptly using the en-
closed official envelope which requires no postage. Very truly yours,
very truty yours,

E. T. M. Jaugh. ms.
Special Agent.

5-24886

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